



King County

Residential Sewer Use Certification Sewage Treatment Capacity Charge

- To be completed for all new sewer connections, re-connections, or change of use of existing connections.
- This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.

Please Print or Type

Property Street Address _____

City _____ State _____ ZIP _____

Owner's Name _____

Owner's Mailing Address _____

City _____ State _____ ZIP _____

Owner's Phone Number (with Area Code) _____

Property Contact Phone Number (with Area Code) _____

Party to be Billed (if different than Owner):

Name _____

Street Address _____

City _____ State _____ ZIP _____

Please check appropriate box:

☐ Single-family (free standing, detached only) 1.0

Multi-Family (any shared walls):

☐ Duplex (0.8 RCE per unit) 1.6

☐ 3-Plex (0.8 RCE per unit) 2.4

☐ 4-Plex (0.8 RCE per unit) 3.2

☐ 5 or more (0.64 RCE per unit)
No. of Units _____ x 0.64 =

☐ Mobile home space (1.0 RCE per space)
No. of Spaces _____ x 1.0 =

If Multi-family, will units be sold individually? ☐ Yes ☐ No

If yes, will this property have a Homeowner's Association? ☐ Yes ☐ No

Pursuant to King County Code 28.84, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the Metropolitan King County Council as a rate per month per residential customer or residential customer equivalent for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. All future billings can be prepaid at a discounted amount.

Questions regarding the capacity charge or this form should be referred to King County Wastewater Treatment Division at 206-684-1060.

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative _____ Date _____

Print Name of Owner/Representative _____

For King County Use Only

Account # _____

No. of RCEs _____

Monthly Rate _____

Sewer District / Agency Contact & Phone Number _____

Date of Sewer Connection _____

Side Sewer Permit Number _____

Required: Property Tax Parcel Number _____

Subdivision Name _____

Subdivision Number _____

Lot Number _____

Block Number _____

Building Name _____

Please report any demolitions of pre-existing building on this property. Credit for a demolition may be given under some circumstances.

Demolition of pre-existing building? ☐ Yes ☐ No

Was building on Sanitary Sewer? ☐ Yes ☐ No

Was Sewer connected before 2/1/90? ☐ Yes ☐ No

Sewer disconnect date: _____

Type of building demolished? _____

Request to apply demolition credit to multiple buildings?

☐ Yes ☐ No